

Patient Experience of Quality of Care: Special Reference to Inward Patients in National Eye Hospital in Sri Lanka

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ABSTRACT

Introduction: Evaluation of healthcare provision is essential in the ongoing assessment and consequent quality improvement of medical services. However, healthcare systems have sought to achieve a balance in services that are not only clinically effective but are also judged by patients as acceptable and beneficial. National Eye Hospital services all patients with eye diseases and eye injuries.

Objective: To determine the patient experience of quality of care at National Eye Hospital in Sri Lanka.

Methodology: A descriptive cross-sectional study was conducted from the 3rd of October 2022 to the 31st of October 2022 among 427 samples of in-ward patients with visual impairment who were admitted to the surgery at the National Eye Hospital. A systematic sampling technique was used to collect the sample. Quality of care was assessed through patient experience through an interview administered questionnaire.

Results: Out of the participants, 77% (N=287) were more than 65 years old. The majority were female (60%, N=246). Most patients were 70% (N=287) admitted for "cataract Surgery." The highest patient "agreement" was observed under the dimension of "competency of the staff," and the least "agreement" was in the dimension of "Sanitation of the unit." No statistically significant association ($p>0.05$) was observed with the relation of patient experience and category type of the illness of the patients, age and category type of the wards.

Conclusions: Patient experience was improved in terms of staff factors and least in terms of the facilities provided by the institute.

Recommendations: Improving the facilities of the National Eye Hospital is mandatory to improve the patient experience.

Keywords: Patient experience; Visual impairment; Quality of care; Inward patients; National Eye Hospital; Sri Lanka.

1. Introduction

Evaluation of healthcare provision is essential in the ongoing assessment and consequent quality improvement of medical services. Traditionally, assessments have ignored the reports of patients in preference to technical and physiological reports of the outcome. More recently, however, healthcare systems have sought to achieve a balance in services that offer not only clinically effective and evidence-based care, but are also judged by patients as acceptable and beneficial [1].

Health care which improves health only in some limited technical sense, but does not improve the quality or length of life, is not likely to be viewed as beneficial by patients [2]. "Providing patients with appropriate services in a technically competent manner, with good communication, decision-making, and cultural sensitivity" is one of the definitions of high-quality care [3].

Interest has therefore grown not only in the assessment of treatment interventions by patients but also in the systematic evaluation of the delivery of that care [4].

National Eye Hospital provides services to our patients, clinics, as well in patients with regard to eye diseases and eye injuries. It is a unique hospital that provides eye care in the country. It receives patients throughout the country. So, it acts as a sentinel site to assess eye-related services in the country. Since the eye is a very sensitive organ, patients may perceive experiences with regard to services as well as their level of stress differently from the rest of the patients.

1.1. Study Objective

Aim of this study was to determine the patient experience of quality of care at National Eye Hospital in Sri Lanka.

2. Methodology

A descriptive cross-sectional study was conducted from the 3rd of October 2022 to the 31st of October 2022 among 427 samples of in-ward patients with visual impairment who were admitted to the surgery at the National Eye Hospital. A systematic sampling technique was used to collect the sample. Quality of care was assessed through patient experience through an interview administered questionnaire.

The National Eye Hospital is the premier curative institution and the leading specialized Hospital for eye care in Sri Lanka. National Eye Hospital is the top-level tertiary eye care hospital in Sri Lanka. This was established in the era of the British government as an Eye and ENT hospital and became "Victoria Memorial Eye Hospital" in 1962. This Hospital now consists of an OPD, 18 wards including general wards with 485 beds, one HDU, and 6 Operation Theatres with 12 operation tables.

The questionnaire will be developed by the principal investigator to achieve the objectives of the study. The complete literature search will be done and the supervisor and experts in the subject area will be consulted during the preparation of the questionnaire. For the development of the questionnaire and given guidance, a literature survey was done in related studies in Sri Lanka and other countries. The experts included Medical Administrators and consultant Community Physicians.

Assess the Patient experience of quality of care and related hospital services of inward patients of the National Eye Hospital in Sri Lanka will be done by a customized questionnaire which was validated In a Sri Lankan setting [5]. It is a Likert scale questionnaire that included highly dissatisfied, somewhat dissatisfied, somewhat satisfied, fully satisfied, and not applicable scores and the responses for each item to be marked using a (1 = "Highly satisfied" 2 = "Somewhat dissatisfied" 3 = "Neither satisfied nor dissatisfied" 4 = "Somewhat satisfied" 5 = "Highly satisfied" For each item, the patients were offered the option of indicating whether it was not relevant [5].

The concept of health service quality is multifaceted, multidimensional, and subjective. It includes both material (like hygiene) and immaterial (like empathy) components [6]. Depending on personal expectations and objectives, a person may view a service as having good or undesirable attributes, which may not align with technical quality [6]. In low-resource settings in particular, financial affordability has a substantial impact on patient satisfaction [7]. As a result, a patient may be content with care that is of poor technical quality but may not be with care that is of high technical quality [6].

2.1. Data collection

The interviewers were informed to ask questions about the level of satisfaction/agreement in two stages: first whether or not the respondent was satisfied/agreed with the stated item, and then about the level of satisfaction/agreement or dissatisfaction/disagreement. During the training of data collectors, the co-investigators demonstrated how each question should be asked, and observed how each data collector was conducting a "mock" interview. It was emphasized that all the questions should be spelled out as stated in the questionnaire and the interviewers

should be impartial and nonjudgmental during the interview. Trained interviewers administered the questionnaire to patients upon discharge, and the interviews were conducted in a setting ensuring privacy and confidentiality. The principal investigators re-interviewed 10 respondents for the assessment of inter-rater reliability between investigators and interviewers. By the end of the 3 months, 96% of the sample (n = 120) was completed. Ethics clearance was obtained from the Ethics Review Committee of the Postgraduate Institute of Medicine.

3. Results

Table 1. Sociodemographic characteristics of the participants

Variable	Frequency (N=410)
Gender	
Female	246(60)
Male	164(40)
Age	
<45 years	20(4.8)
45 years to 54 years	45(11)
55 years to 64 years	58(14)
65 years and above	287(77)
Employment status	
Employment	85(21)
No-employment	325(79)
Category type of the ward	
General Ophthalmology	239(58.4)
Corneal	100(24.0)
Retinal	71(17.6)
Category type of the illness	
Cataract surgery	287(70)
Others	123(30)

Out of the participants, 77% (N=287) were more than 65 years old. The majority were female (60%, N=246). Most patients were 70% (N=287) admitted for "cataract Surgery." 79% were non-employment. 58.4% (239) were in the general ophthalmology unit. 70% (N=287) were admitted for the cataract surgery (Table 1).

Table 2. Frequency distribution of the dimensions of the patient experience on quality of care (N=410)

S. No.	Variable	Highly dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Highly satisfied	Not applicable
	Interpersonal care					
1	The way the ward staff welcomed	0(0)	37 (9)	168(41)	164(40)	41(10)
2	The care given by the nurses	0(0)	28 (7)	37 (9)	320(78)	25(6)
3	Respect shown by the hospital staff	0(0)	24(6)	70(17)	287(70)	29(7)
4	Courtesy of the hospital staff	0(0)	28 (7)	41 (10)	320 (78)	21 (5)
5	Willingness of the staff when asked for help	0(0)	28 (7)	115(28)	246(60)	21(5)
6	The way health staff understood and gave comfort during the hospital stay	0(0)	20(5)	90(22)	275(67)	25(6)
	Efficiency					
7	The opportunity is given to express concerns leisurely	0(0)	25(6)	85(21)	279(68)	21(5)
8	The staff response to needs	0(0)	29(7)	99(24)	275(67)	7(2)
9	Concern shown by nurses towards illnesses	0(0)	12(3)	78(19)	308(75)	12(3)
10	Friendliness of health staff	0(0)	7(2)	66(16)	320(78)	17(4)
11	Nurses treated me in a way that made me feel important	0(0)	17(4)	29(7)	335(82)	29(7)
12	Nurses spent adequate time with me		21(5)	102(25)	275 (67)	12(3)
	General instruction					
13	The nurses gave me treatment/medicine without any delay	0(0)	24(6)	29(7)	328(80)	29(7)
14	The nurses-maintained records efficiently	0(0)	12(3)	46(11)	345(84)	7(2)
15	Efforts taken by nursing staff to	0(0)	17(4)	66(16)	310(76)	17(4)

	provide a peaceful environment in the ward					
	Environment					
16	Frequency of visits paid to me by the staff	0(0)	17(4)	66(16)	315(77)	12(3)
17	Number of staff available for my care	0(0)	12(3)	74(18)	312(76)	12(3)
18	The staff maintained good coordination with other staff	0(0)	7(2)	91(22)	305(74)	7(2)
19	Efforts taken by the nursing staff to minimize delays in performing investigations	0(0)	20(5)	62 (15)	320 (78)	8(2)
	Comfort					
20	Efforts are taken to ensure privacy during the examination	0(0)	25 (6)	20 (5)	353 (86)	12 (3)
21	Provisions for an undisturbed sleep	0(0)	29(7)	69 (17)	305 (74)	07(2)
22	The quality of the bed	0(0)	33 (8)	110 (27)	238 (58)	29(7)
	Sanitation					
23	No. of bathrooms available	0(0)	227 (55)	12(3)	164(40)	7(2)
24	Quality of the bathrooms available	0(0)	231 (56)	04 (1)	168 (41)	7(2)
25	Cleanliness of the toilets	0(0)	201 (49)	07(2)	198 (48)	04(1)
	General instruction					
26	Information given on facilities available when first came to the ward	0(0)	33 (8)	8 (2)	361 (88)	8(2)
27	Information given by the nursing staff regarding the illness	0(0)	29 (7)	12 (3)	365 (89)	4 (1)
28	Information given by the nursing staff on investigations	0(0)	17 (4)	17 (4)	355 (87)	21 (5)
	Staff competency					
29	Staff are competent	0(0)	17 (4)	4 (1)	365 (89)	24 (6)
30	The staff are knowledgeable enough to answer my questions	0(0)	7 (2)	17 (4)	369 (90)	17 (4)

Table 2 shows the frequency distribution of the patient experience of quality of care among inward patients in the National Eye Hospital. That showed the frequency distribution of the eight dimensions of interpersonal care, efficiency, personalized information, environment, general instruction, comfort, sanitation, general instruction, and staff competency.

Table 3. Frequency distribution of the composite scale of the dimensions of the patient experience on quality of care (N=410)

Dimension	Highly dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Highly satisfied	Not applicable
Interpersonal care	0(0)	28(6.8)	86 (21.1)	268 (65.5)	27(6.5)
Efficiency	0(0)	18 (4.5)	76 (18.7)	299(73.0)	16.4(4.0)
General instruction	0(0)	17(4.3)	46(11.3)	328(80)	19(4.3)
Environment	0(0)	14(3.5)	73(17.75)	313(76.25)	10(2.5)
Comfort	0(0)	28.7(7.0)	67(16.3)	296(72.3)	16(4.0)
Sanitation	0(0)	218(53.3)	8(2.0)	410(43.0)	7(1.6)
General instruction	0(0)	26 (6.3)	12.3(3.0)	361(88.0)	11(2.6)
Staff Competency	0(0)	8.2(2.0)	10 (2.5)	367(89.5)	21(5.0)

Table 3 shows that the composite dimension of the staff competency showed the highest patient experience with 89.5% highly satisfied and sanitation of the wards was observed to be the lowest satisfied (43%).

Table 4. Association of patient experience on quality of care with variables

Composite Dimensions of quality of care	Variables	Chi-square value	Odds Ratio (95% CI)	p-value
Quality of care	Gender	0.8	1.1(0.84-1.63)	0.361
	Male			
	Female			
Quality of care	Age	0.77	1.2(0.78-1.43)	0.361
	45 years and less			
	45 years above			
Quality of care	Type of the surgery	7.6	1.8(1.19-2.95)	0.016
	Cataract surgery			
	Other surgeries			
Quality of care	Category of the wards	3.6	1.4(0.99-2.08)	0.055
	General			
	Ophthalmology			
	Other wards			

Table 4 showed that the patient experience on the quality of care for the services given at the National Eye Hospital did not observe significant differences with gender, age, type of surgeries, and category type of the wards.

4. Discussion

Out of the participants, 77% (N=287) were more than 65 years old. The majority were female (60%, N=246). Most patients were 70% (N=287) admitted for "cataract Surgery." 79% were non-employment. 58.4% were in the general ophthalmology unit. 70% were admitted for the cataract surgery.

Since the 1980s, measuring patient satisfaction with healthcare has been a topic of discussion in the medical literature [8]. According to patient satisfaction with healthcare is influenced by a number of factors, including the physical environment, continuity of care, financial considerations, technical quality of care, accessibility to care, and interpersonal way of care providers. Numerous methods, including suggestion boxes, formal complaints, qualitative methodologies, and audits, have been created to survey patients' impressions of health care [9]. Still, there's no denying that satisfaction surveys are the most widely employed technique. The study instrument utilized in this investigation was created and verified in a similar environment not too long ago by the same team of researchers [5].

The present study showed that staff competency showed the highest patient experience with 89.5%. Similar results were shown in the study: Factors associated with patient satisfaction in the outpatient department of Suva Sub-divisional Health Centre, Fiji, 2018: A Mixed method study showed that staff competency was one of the factors that patients satisfied more in out of the dimensions of the quality of care [10].

The present study observed that the sanitation of the wards was the lowest satisfaction (43%) among the dimensions of the quality of care. Similar results were shown in the study "Patient satisfaction with nursing care and related hospital services at the National Hospital of Sri Lanka" [11]. Studies showed that 59.2 per cent, were experienced for the "cleanliness and sanitation" of the National Hospital in Sri Lanka. Similar results were shown in the study "Patient Satisfaction Regarding Eye Care Services at Tertiary Hospital of Central India" which expressed dissatisfaction with the poor cleanliness, and insufficient toilet facilities [12].

The patient experience on the quality of care of the services given at the National Eye Hospital did not observe significant differences with gender, age, type of surgeries, and category type of wards. Nevertheless, somewhat dissimilar results were observed in the study of "Patient Satisfaction on Patient Department (OPD) Services at the National Eye Hospital, Sri Lanka". Studies showed age factor and gender were significantly associated with patient satisfaction at the outpatient department of the National Eye Hospital Sri Lanka, describing that males were more satisfied than females and younger age groups were least satisfied with the quality of services provided by the hospital [11].

5. Conclusions and Recommendations

In conclusion, this study revealed that the majority of patients were satisfied with the competency of the staff who interacted personally with them and less satisfied with the sanitation, and interpersonal care. No significant association was observed with the category of the illness, type of the ward and age of the patients. According to the

study, areas where patients showed the most dissatisfaction were sanitation of the units and the highest satisfaction was observed in the dimension of the competency of the staff followed by the general instruction of the ward. Therefore, the important areas that need to be developed are the improvement of the infrastructure of the hospital with the main focus on sanitary facilities.

The quality can be improved by the facilities available in the hospital and general instructions by the hospital management and healthcare staff while understanding the expectations of their patients.

Declarations

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The study has no funding from any institution.

Competing Interests Statement

The author declares having no competing interest with any party concerned during this publication.

Consent for Publication

The author declares that she consented to the publication of this study.

Authors' contributions

All research work is from the author.

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